POLICY TITLE: Requests for Disclosure of Electronic Health Information in Compliance with the Federal Information Blocking Rule	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.41	**CATEGORY:** Compliance & Ethics
System Approval Date: 05/22/2024 **Site Implementation Date:** 07/08/2024	**Effective Date:** 07/15/2021 **Last Reviewed/Approved:** 05/24/2023
Prepared by: Office of Corporate Compliance	**Notations:** N/A

GENERAL STATEMENT of PURPOSE

The purpose of this document is to establish general requirements for responding to requests for Electronic Health Information ("EHI") made by anyone outside of Northwell which includes patients and their Personal Representatives and others ("Third Parties"), in compliance with the Information Blocking Rule. Third-Party requests may be made, for example, by other health care providers, health plans, patient-facing applications ("apps"), attorneys, and life insurers.

POLICY STATEMENT

It is the policy of Northwell Health that it shall respond to requests for EHI in compliance with the Information Blocking Rule and provide EHI to requestors when legally required. Northwell shall ensure that any EHI disclosed is provided in compliance with other applicable laws, including the HIPAA privacy and security rules, and shall not disclose EHI when applicable law prohibits Northwell from doing so.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility.

DEFINITIONS

Authorization: An individual's signed permission that allows a covered entity to use or disclose PHI for the purpose(s), and to the recipient(s), stated in the Authorization. (See *VD001 – Authorization for Release of Health Information.)*

Designated Record Set: A group of records maintained by or for Northwell that is (1) the medical records and billing records about individuals or (2) used, in whole or in part, by or for Northwell to make decisions about individuals.

Direct: A protocol that allows EHI to be transmitted between different health care entities and that functions similarly to a secure version of email. Under meaningful use requirements, hospitals must exchange transition of care summaries via Direct.

Disclosure: The release of, transfer of, access to, or divulging of information in any other manner outside the entity holding the information.

Electronic Health Information ("EHI"): PHI that is transmitted or maintained in electronic media and that is included in a Designated Record Set, excluding (1) psychotherapy notes and (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. *Prior to October 2, 2022, EHI only includes electronic information represented by the data elements of the United States Core Data for Interoperability ("USCDI")*, which include, but are not limited to, patient demographics, allergies, immunizations, procedures, laboratory test results and values, medications, and clinical notes. A list of the USCDI data elements may be found at https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi.

Information Blocking Rule: The rule adopted by the Office of National Coordinator ("ONC") codified at 45 C.F.R. Part 171.

Personal Representative: The individual who, for decision-making purposes, will be treated as the patient. Depending on the facts and circumstances of each case, a "personal representative" may be directly appointed by the patient or may be deemed to serve in the role of personal representative under applicable laws and regulations.

Protected Health Information ("PHI"): Any oral, written, or electronic individually identifiable health information. PHI is information created or received by Northwell that (i) may relate to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the payment for the provision of health care to an individual; and (ii) identifies the individual who is the subject or based on which there is a reasonable basis to believe that the individual who is the subject can be identified. The Health Insurance Portability and Accountability Act (HIPAA) further clarifies that PHI includes information that identifies the individual by one or more (depending on context) of the following 18 identifiers:

1. Names;
2. Geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of a ZIP code in certain situations;
3. All elements of date (except year) for dates directly related to an individual, including birth date, discharge date, date of death; and all ages over 89 and all elements of dates indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;

6. Electronic mail addresses;
7. Social Security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers;
13. Medical device identifiers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

GENERAL OBLIGATION FOR INFORMATION BLOCKING COMPLIANCE

Under Section 4004 of the 21st Century Cures Act (42 U.S.C. § 300jj-52), Northwell, as a health care provider, is prohibited from engaging in "information blocking" unless an exception to the Information Blocking Rule applies. "Information blocking" means a practice that – except as required by law or covered by an information blocking exception – "is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information; and… if conducted by a health care provider, such provider knows that such practice is unreasonable and is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information."

Applicability. This policy addresses compliance with the Information Blocking Rule in regard to requests made by patients, Personal Representatives or Third Parties. Additional requirements apply when the requestor is a patient or a Personal Representative, since both the Information Blocking Rule and the HIPAA right of access apply in such a case. For example, if Northwell denies a patient or Personal Representative's request for EHI, Northwell must provide a denial notice and must provide appeal rights in some cases; in contrast, there is no need to provide an appeal right for Third-Party requests. If the requestor is a patient or a Personal Representative, consult Northwell Health Policy *#800.02 – Disclosure, Release and Use of Protected Health Information* in addition to this policy.

***Suspect Practices*.** Practices that could be considered information blocking include denying a request for information, complying with such a request only in part, never responding to a request, charging an unreasonable fee to fulfill a request, and unreasonably delaying a response to a request. In addition, there may be circumstances in which a Northwell practice could be considered information blocking even if it does not relate to a specific request for EHI. See section below titled, "Practices Unrelated to Specific Requests."

Records Not Subject to Information Blocking. This policy only applies to EHI. Requests for paper records are not subject to this policy. In addition, requests for electronic records that are not considered EHI – such as records not included in a Designated Record Set – are not subject to this policy. If a patient or Personal Representative is requesting a record that does not include EHI,

consult Northwell Health Policy *#800.02 – Disclosure, Release and Use of Protected Health Information.*

REASONS FOR DENIAL OF REQUESTS FOR EHI

Northwell may deny a request for EHI only if one of the exceptions set forth below is applicable. In some cases, the exceptions may permit Northwell to deny some, but not all, of the requested record(s). For example, if another provider seeks a patient's records without the patient's consent, and some of those records are subject to 42 C.F.R. Part 2 (the federal law protecting substance abuse treatment records), Northwell should deny the Part 2 portion of the record but disclose the remainder of the record, unless a second exception permits denial. Similarly, if an exception only permits Northwell to deny disclosure for a limited time period, Northwell should provide the EHI once that time period expires.

Northwell shall document any denials, including the reasons for the denial and communications made with the requestor regarding the denial in the applicable disclosure log owned by HIM or designee.

A. Prohibited by Law (45 C.F.R. § 171.103(a)(1))

Northwell shall not disclose EHI if doing so would violate any federal or state law or regulation. The policies listed at the end of this policy describe applicable laws that may prohibit the disclosure of EHI.

B. Preventing Harm to Patients and Others (45 C.F.R. § 171.201)

Northwell may decline to disclose EHI in response to a request if all the following requirements are met:

- Northwell reasonably believes that declining to disclose the EHI will substantially reduce a risk (1) to the life or physical safety of the patient or another person; (2) of substantial harm to any person, if the requestor is the patient's Personal Representative, or (3) of substantial harm to a person (other than the patient or a health care provider) who is referenced in the requested EHI, if the requestor is the patient or the patient's Personal Representative;

- Northwell's reasonable belief must either (1) be determined by a licensed health care professional who has a current or prior clinician-patient relationship with the patient on an individualized basis in the exercise of professional judgment, or (2) arise from data that is known or reasonably suspected to be misidentified or mismatched, corrupt due to technical failure, or erroneous for another reason;

- Northwell's denial must be no broader than necessary to substantially reduce the risk to life or physical safety; and

- Northwell's denial is based on a determination of the facts and circumstances known or reasonably believed by Northwell as well as the expertise of Northwell personnel.

***Errors in Records*.** Northwell cannot deny disclosure on the basis that the patient's record contains errors or is incomplete, except in the rare circumstance where disclosure of erroneous data would

endanger a patient's life or physical safety. For example, if Northwell concludes that the record likely contains misidentified information (for example, contains information not from the patient but from another patient with a similar name), then disclosure could endanger a patient's safety. In such a scenario, Northwell should correct the error on its own systems and disclose the record once corrected, rather than deny disclosure entirely.

C. Patient Privacy: Precondition Not Satisfied (45 C.F.R. § 171.202(b))

Under certain circumstances, Northwell may decline a request for EHI in whole or in part if the request fails to satisfy a federal or state law that requires a certain condition to be met for disclosure. This may occur, for example, if a particular law requires a patient to provide authorization for the disclosure and the patient has not done so.

In order to decline a request on this basis, Northwell must meet all the following criteria:

- The denial must be based on a requirement in state or federal law;
- Northwell must tailor its practices by requiring no more than what is legally necessary (for example, if the law requires identification, accepting any government-issued identification rather than requiring a driver's license);
- Northwell must deny requests in a consistent and non-discriminatory manner; and
- Northwell must document the applicable legal requirement(s) and why such requirement(s) was not met.

***Invalid Authorization Forms*.** If Northwell is denying a request because the disclosure requires a patient or Personal Representative's authorization but the authorization form does not meet all legal requirements (for example, has not been signed), Northwell must use reasonable efforts to remedy the flaw in the form by, for example, notifying the patient or Personal Representative why the form does not meet legal requirements. Northwell may not improperly encourage a patient or Personal Representative to withhold authorization.

D. Patient Privacy: Unreviewable Grounds for Denial (45 C.F.R. § 171.202(d))

If the requestor is a patient or a Personal Representative, Northwell may decline to provide a patient's EHI if one of the "unreviewable grounds for denial" apply under the HIPAA right of access. For more information as to whether this exception applies, see Northwell Health Policy *#800.02 – Disclosure, Release and Use of Protected Health Information.*

E. Patient Privacy: Request Not to Share Patient's Information (45 C.F.R. § 171.202(e))

Northwell may decline to provide a patient's EHI if Northwell has agreed to a request from the patient or the patient's Personal Representative not to share such patient's EHI in accordance with Northwell Health Policy *#800.46 – Patient's Rights to Request Confidential Communications and Disclosure Restrictions of Protected Health Information*. Northwell shall not improperly encourage or induce a patient or a Personal Representative to request non-disclosure. This exception will not apply if the requestor is the patient who is the subject of the EHI.

F. Security (45 C.F.R. § 171.203)

Northwell may decline to provide EHI in order to safeguard the confidentiality, integrity, or availability of EHI if the following requirements are met:

- The denial is tailored to the specific security risk being addressed, i.e., it is no broader in scope and timeframe than necessary;

- The denial is implemented in a consistent and non-discriminatory manner; and

- The denial implements a written Northwell security policy which is referenced at the end of this policy, or Northwell has determined, based on the particular facts and circumstances, that (1) the denial is necessary to mitigate a security risk to EHI, and (2) there are no reasonable alternatives to the denial that address the security risk and which would be less likely to interfere with the access to or exchange or use of EHI.

Identity Proofing. In certain cases, Northwell may deny disclosure if the requestor has been unable to verify the requestor's identity through identity proofing requirements. Such a denial would need to follow the requirements set forth above. For more information on identity proofing requirements, see Northwell Health Policy *#800.02 – Disclosure, Release and Use of Protected Health Information* and Northwell Health Policy *#800.42 – Confidentiality of Protected Health Information*.

***Security Vulnerabilities vs. Use of Data*.** Northwell may deny a request due to reasonable concerns that the requestor will not keep the EHI secure. However, Northwell may not deny a request based on concerns relating to how the requestor may use or share the EHI. For example, Northwell may not refuse to disclose the EHI to the patient-facing app on the basis that the app may sell patient data, unless another reason allowing such denial applies (for example, Northwell has concluded that the sale of such data will endanger the life or physical safety of a patient). However, Northwell may provide patients with educational materials about the risks associated with the use of EHI by certain types of apps as long as the educational activity does not delay, restrict, or otherwise interfere with the disclosure of the EHI.

G. Infeasibility: Uncontrollable Events (45 C.F.R. § 171.204(a)(1))

Northwell may decline to disclose EHI if Northwell cannot fulfill the request due to a natural or human-made disaster, public health emergency, public safety incident, war, terrorist attack, civil insurrection, strike or other labor unrest, telecommunication or internet service interruption, or act of military, civil, or regulatory authority. If Northwell declines to fulfill a request on this basis, Northwell shall, within ten days of receipt of the request, provide to the requestor in writing the reason(s) why complying with the request is infeasible.

H. Infeasibility: Inability to Segment EHI (45 C.F.R. § 171.204(a)(2))

Northwell may decline to disclose EHI if (1) the EHI requested includes EHI that Northwell may withhold from the requestor, either because disclosure would endanger the life or physical safety of a person, a legal requirement for disclosure has not been met, or the patient or Personal Representative has requested that Northwell not disclose the EHI; and (2) Northwell is technically unable to segment the EHI that may be withheld from other EHI that has been requested. If Northwell declines to fulfill a request on this basis, Northwell shall, within ten days of receipt of

the request, provide to the requestor in writing the reason(s) why complying with the request is infeasible.

I. Infeasibility: Other Circumstances (45 C.F.R. § 171.204(a)(3))

Northwell may decline to disclose EHI if Northwell determines, based on the following factors, that complying with the request would be infeasible under the circumstances:

- The type of EHI requested and the purposes for which it is sought (e.g., for treatment, underwriting, or litigation purposes);
- The cost to Northwell of complying with the request in the manner requested;
- The financial and technical resources available to Northwell;
- Whether Northwell's practice is non-discriminatory and whether Northwell provides the same access to and exchange of EHI to others with whom it has a business relationship;
- Whether Northwell owns or has control over a predominant technology, platform, health information exchange, or health information network through which EHI is accessed or exchanged; and
- Why Northwell was unable to fulfill the request by suggesting an alternative means of fulfilling the request. See section below titled "Format of EHI and Method of Delivery."

Partial Denials. Northwell may sometimes use this exception to provide only some of the requested EHI. For example, if a requestor is a health care provider that seeks the entire medical record of a patient held by Northwell via Direct, and Northwell's electronic health record ("EHR") system as configured allows Northwell to send some but not all of the EHI in the record, Northwell may be able to decline to provide the remaining EHI on the grounds of infeasibility, if the cost of upgrading the EHR to allow for disclosure of the full record would be unreasonably high.

Competition. In determining whether a particular request is infeasible, Northwell shall not take into account whether meeting the request would facilitate competition with Northwell.

Timing and Documentation. If Northwell declines to fulfill a request on this basis, Northwell shall, within ten days of receipt of the request, provide to the requestor in writing the reason(s) why the request is infeasible. Northwell shall also maintain contemporaneous documentation as to why it declined the request, addressing the factors set forth above.

J. Non-Payment of Fees (45 C.F.R. § 171.302)

Northwell may decline to disclose EHI if a Third-Party requestor does not pay a fee and either (1) Northwell has agreed to provide the EHI in the manner requested by the requestor, the requestor had previously agreed in writing to pay such fee, and the fee does not violate any other law, or (2) the fee is no more than the applicable amount set forth in Appendix A. A patient or a patient's Personal Representative will not be denied access to EHI based on inability to pay. For more information on fee limitations that apply to requests from patients and Personal Representatives, see Northwell Health Policy *#800.02 – Disclosure, Release and Use of Protected Health Information.*

PROCEDURES FOR RESPONDING TO REQUESTS FOR EHI

Format of EHI and Method of Delivery (45 C.F.R. § 171.301(b))

Providing Access to Electronic Records Through Patient Portals

Because Patient Portals provide patients and their Personal Representatives with immediate access to their health information, EHI should be made available on Patient Portals to the greatest extent feasible. Periodically, Northwell shall evaluate the practicality of making additional EHI available on its Patient Portals. A particular category of EHI may be withheld from Patient Portals if Northwell determines that the cost of adding such EHI to the portal would be substantial and the number of patients who would seek access to that category of EHI is likely to be low. In addition, an individual patient's EHI may be withheld from the portal if a health care professional determines that such patient or the patient's Personal Representative does not have a legal right to access such EHI (see section on "Denial Requirements").

Patient Portals shall prominently feature a disclaimer informing patients that not all of their health information is provided on the portal, and that patients have a right to request additional information. The portals shall provide patients and their Personal Representatives with information as to how they may submit a request for additional PHI.

Providing Access to Records Not Available on a Patient Portal

If a patient or patient's Personal Representative requests electronic information that is not on the Patient Portal, Northwell must provide the medical record, in the electronic format requested by the patient or the patient's Personal Representative, if Northwell maintains the record electronically and the format requested is readily producible. If the electronic medical record is not readily producible in the electronic format requested by the patient or the patient's Personal Representative, Northwell should suggest an alternative format and seek to obtain the patient or Personal Representative's agreement to that alternative format. If Northwell and the patient or patient's Personal Representative cannot reach agreement on the format of the record, Northwell shall provide the record in both a machine-readable format (e.g., CSV) and human readable form (e.g., Word document, Excel document, or PDF), if technologically feasible.

If a patient or the patient's Personal Representative requests an electronic copy of the PHI that Northwell maintains only on paper, Northwell will provide the patient with an electronic copy if it is readily producible electronically and in the electronic format requested.

Where applicable and technologically and operationally feasible, the requested PHI will be saved onto an encrypted device, such as a flash drive, and password protected. If there are electronic links to data within the medical record, such data must also be provided to the patient or the patient's Personal Representative.

Disclosing EHI for Continuity of Care Purposes

If Northwell does not fulfill the request in a manner requested by the requestor, Northwell shall seek to fulfill the request using Certified Electronic Health Record Technology ("CEHRT"), if Northwell is technically able to do so and the requestor agrees to receiving EHI in this manner. This could include sending the EHI via Direct to the requestor, assuming the requestor has a Direct address that Northwell is able to identify.

If Northwell is unable to fulfill the request using CEHRT, it must then attempt to fulfill the request using content standards (for example, FHIR, HL7 V2.5.1) and transport standards (for example, Direct Project Standard ONC Applicability Statement for Secure Health Transport, Version 1.0) specified by the requestor and published by either the federal government or a standards-developing organization accredited by the American National Standards Institute. If Northwell is technically unable to do so or if the requestor does not agree to receive EHI via such means, Northwell shall provide the EHI in an alternative machine-readable format, including the means to interpret the EHI, as agreed upon with the requestor.

Timeliness of Response

Northwell shall provide EHI in response to a request as soon as reasonably practical. If the requestor is a patient or a patient's Personal Representative, Northwell shall also respond in accordance with the timeframes set forth in Northwell Health Policy *#800.02 – Disclosure, Release and Use of Protected Health Information.*

If Northwell declines to provide EHI on the grounds that the provision of EHI is infeasible, then Northwell must respond to the requestor with the reason(s) for the denial within ten days of receiving the request.

Northwell may delay providing EHI in response to a request to the extent fulfillment of such a request relies on health information technology ("HIT") under the control of Northwell and such HIT is temporarily unavailable or temporarily degraded, so that maintenance or improvements of the HIT can take place, so long as the delay is no longer than necessary to complete the maintenance or improvement of the HIT and the denial is implemented in a consistent and non-discriminatory manner.

Process to Ensure the Security and Integrity of EHI

Northwell may take actions to ensure the security or the integrity of the EHI that is to be transmitted to the requestor, in compliance with the Information Blocking Rule as set forth above. For example, Northwell may require identity proofing of the requestor. Northwell may also review the EHI prior to its disclosure to ensure that the data is not mismatched, i.e., the data is for the patient(s) who is the subject of the request.

Disclosures to Third Parties

If a patient or a patient's Personal Representative requests that EHI be sent to another person or entity, Northwell must transmit the EHI to the person or entity in accordance with the same requirements that apply to requests to send EHI directly to the patient or the Personal Representative, subject to the following:

- Northwell is not obligated to comply with the request for EHI if the information does not exist in electronic form (i.e., exists in paper records only).
- Northwell may decline to electronically transmit EHI to a third party if the process of doing so may threaten the security of information on Northwell's own systems, providing doing so is consistent with Northwell's information technology security policies, in which case Northwell shall seek to provide the EHI directly to the patient or the patient's Personal Representative.

- If state law, 42 C.F.R. Part 2, or another law requires patient authorization prior to making the disclosure, the patient or Personal Representative shall sign either Northwell's Authorization Form or another legally valid authorization form prior to Northwell making the disclosure.

PRACTICES UNRELATED TO SPECIFIC REQUESTS

While the Information Blocking Rule typically will be applicable in cases where Northwell receives a specific request for EHI, any practice that interferes with access to, or exchange or use of EHI – not just practices that are triggered in response to specific requests for EHI – potentially implicates the Information Blocking Rule.

For example, Northwell shall not undertake any of the following practices unless Northwell determines that an information blocking exception applies to such a practice:

- Preventing individuals or entities outside Northwell from submitting requests for EHI via electronic means (for example, by using an EHR system that does not permit the receipt of electronic messages from other providers) if Northwell can configure its systems to receive such requests at a reasonable cost and burden; or

- Preventing EHI held outside of Northwell's EHR systems from being accessible even though Northwell has the capability of making such EHI accessible at a reasonable cost and burden.

- Withholding EHI from patient portals, except where such withholding complies with Northwell Health Policy *#800.02 –Disclosure, Release and Use of Protected Health Information.*

Northwell shall periodically reevaluate its practices relating to access to and exchange and use of EHI to ensure that such practices do not constitute information blocking. In undertaking such reevaluation, Northwell shall consider both whether a particular practice falls within an information blocking exception and whether the practice is reasonable given industry standards, Northwell's resources, and the costs and burdens of modifying such practice. If changing a practice would be unreasonably costly, then such practice may not constitute information blocking. In contrast, if a practice can be modified at a reasonable cost to Northwell and there is no information blocking exception that applies to such a practice, there is a higher risk that such practice could be considered information blocking.

OTHER APPLICABLE REQUIREMENTS

Training and Security Reminders

The Office of Corporate Compliance will provide training on information blocking requirements on a periodic basis.

The Office of Corporate Compliance shall also periodically issue information blocking information and awareness reminders to the Northwell Health workforce and may also distribute posters, in-service education, and newsletter items, as well as post information to the Northwell Health website.

Complaints

Complaints concerning Northwell's response to a request for EHI that cannot be resolved by HIM or designee must be referred to Corporate Compliance for investigation and resolution.

Document Retention

Any documentation generated in compliance with this policy will be retained for a minimum of six years from the date of its creation.

Questions related to access to or the use or disclosure of EHI should be directed to the Office of Corporate Compliance.

REPORTING AND ENFORCEMENT

All violations of this policy or questions regarding the access, use, disclosure of PHI shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516-465-8097) for appropriate resolution of the matter. The HelpLine is available 24 hours a day, seven days a week at (800) 894-3226 or online at www.northwell.ethicspoint.com, is accessible and allows for questions regarding compliance issues to be asked and for compliance issues to be reported. Reports of potential fraud, waste and abuse and compliance issues also may be made directly to the Chief Corporate Compliance Officer or designee in person, in writing, via email, mobile device via a QR code, or by telephone.

All reports received by the Office of Corporate Compliance are investigated and resolved to the fullest extent possible. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under the required provider's policy for non-intimidation and non-retaliation.

Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and *Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees*.

REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164
- Northwell Health Policy #100.25 - Health Care Proxy, Health Care Agent, Patient Representative, Support Person and Caregiver Designation Policy
- Northwell Health Policy #800.02 - Disclosure, Release and Use of Protected Health Information
- Northwell Health Policy #800.42 – Confidentiality of Protected Health Information
- Northwell Health Policy #800.46 - Patient's Rights to Request Confidential Communications and Disclosure Restrictions of Protected Health Information
- Northwell Health Policy #800.47 - Disposal Policy for Protected Health and Confidential Health System Information
- Northwell Health Policy #800.57 - Removal of PHI from Health System Facilities
- Northwell Health Policy #800.58 - Facility Directory Opportunity to Agree or Object (Opt-Out)
- Northwell Health Policy #900.00 - Acceptable Computer Use Policy
- Northwell Health Policy #900.08 - Remote Access Policy
- Northwell Health Policy #900.10 - Password Policy
- Northwell Health Policy #900.11 - Electronic Communications
- Northwell Health Policy #900.12 - Data Classification and Handling Policy
- Northwell Health Policy #900.15 - Wireless Access Policy
- Northwell Health Policy #GR094 - Access Use and Disclosure of Protected Health Information for Research
- Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees

CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

ATTACHMENTS

- Appendix A: Fee Schedule

FORMS

https://secure.vitaldocs.cexpforms.com/

VD001 - Authorization for Release of Health Information

APPROVAL:	
Northwell Health Policy Committee	4/23/2024
System PICG/Clinical Operations Committee	5/22/2024

Standardized Versioning History:

Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ◙ = Provisional; ❖ = Expedited

*06/24/21 **07/15/21

*4/25/23 **5/24/23

Appendix A: Fee Schedule

Northwell may impose fees in response to requests for EHI for Third Parties:

These fees have been established in accordance with the fee limitations set forth in the Information Blocking Rule, described in detail below.

- The amount of the fee shall be based on Northwell's costs of providing the EHI to the requestor, plus a reasonable profit margin, and not based on the value of the EHI to the requestor. The following costs may not be recognized when determining the fee:
    - Costs incurred due to the HIT used by Northwell to convey the EHI being designed or implemented in a non-standard way, unless the requestor requested that EHI be provided in accordance with the non-standard design or implementation;
    - Costs associated with intangible assets other than the actual development or acquisition costs of such assets;
    - Opportunity costs unrelated to the access to, or exchange or use of EHI; and
    - Costs otherwise recovered by Northwell.
- The fee must be calculated based on objective and verifiable criteria that are uniformly applied to similarly situated classes of persons and requests. The calculation of the fee may not take into account whether the requestor is a competitor or potential competitor, or whether the disclosed EHI will be used in a way that facilitates competition with Northwell.
- The fee is reasonably allocated among all similarly situated persons to whom the EHI is supplied.
- Northwell must maintain records documenting that fees were calculated in accordance with these requirements.

**For fees related to requests for EHI from patients or patients' Personal Representatives, please refer to Northwell Health Policy #800.02 Disclosure, Release and Use of Protected Health Information.*